

☐ No  
☐ Yes

2

The next questions are about the time when you got pregnant with your *new* baby.

**11. Thinking back to *just before* you got pregnant with your *new* baby, how did you feel about becoming pregnant?**

Check one answer

- ☐ I wanted to be pregnant sooner
- ☐ I wanted to be pregnant later
- ☐ I wanted to be pregnant then
- ☐ I didn't want to be pregnant then or at any time in the future

**12. When you got pregnant with your new baby, were you trying to get pregnant?**

- ☐ No
- ☐ Yes →

Go to Question 15

**13. When you got pregnant with your new baby, were you or your husband or partner doing anything to keep from getting pregnant?**

(Some things people do to keep from getting pregnant include not having sex at certain times [rhythm] or withdrawal, and using birth control methods such as the pill, condoms, cervical ring, IUD, having their tubes tied, or their partner having a vasectomy.)

- ☐ No
- ☐ Yes →

Go to Question 16

**14. What were your or your husband's or partner's reasons for not doing anything to keep from getting pregnant?**

Check all that apply

- ☐ I didn't mind if I got pregnant
- ☐ I thought I could not get pregnant at that time
- ☐ I had side effects from the birth control method I was using
- ☐ I had problems getting birth control when I needed it
- ☐ I thought my husband or partner or I was sterile (could not get pregnant at all)
- ☐ My husband or partner didn't want to use anything
- ☐ Other → Please tell us:

**If you were not trying to get pregnant when you got pregnant with your new baby, go to Question 16.**

**15. Did you receive treatment from a doctor, nurse, or other health care worker to help you get pregnant with your new baby?**

(This may include infertility treatments such as fertility-enhancing drugs or assisted reproductive technology.)

- ☐ No
- ☐ Yes

The next questions are about the prenatal care you received during your most recent pregnancy. Prenatal care includes visits to a doctor, nurse, or other health care worker before your baby was born to get checkups and advice about pregnancy. (It may help to look at the calendar when you answer these questions.)

**16. How many weeks or months pregnant were you when you were *sure* you were pregnant?** (For example, you had a pregnancy test or a doctor or nurse said you were pregnant.)

\_\_\_\_\_ Weeks **OR** \_\_\_\_\_ Months

☐ I don't remember

**17. How many weeks or months pregnant were you when you had your first visit for prenatal care?** Do not count a visit that was only for a pregnancy test or only for WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children).

\_\_\_\_\_ Weeks **OR** \_\_\_\_\_ Months

☐ I didn't go for prenatal care

**18. Did you get prenatal care as early in your pregnancy as you wanted?**

- ☐ No  
☐ Yes  
☐ I didn't want prenatal care —→

**Go to Page 4, Question 20**

**19. Here is a list of problems some women can have getting prenatal care.** For each item, circle **Y** (Yes) if it was a problem for you during your most recent pregnancy or circle **N** (No) if it was not a problem or did not apply to you.

- |   | No | Yes |
|---|----|-----|
| a. I couldn't get an appointment when I wanted one . . . . .                    | N  | Y   |
| b. I didn't have enough money or insurance to pay for my visits . . . . .       | N  | Y   |
| c. I had no way to get to the clinic or doctor's office . . . . .               | N  | Y   |
| d. I couldn't take time off from work . . .                                     | N  | Y   |
| e. The doctor or my health plan would not start care as early as I wanted . . . | N  | Y   |
| f. I didn't have my Medicaid card . . . . .                                     | N  | Y   |
| g. I had no one to take care of my children . . . . .                           | N  | Y   |
| h. I had too many other things going on . . . . .                               | N  | Y   |
| i. I didn't want anyone to know I was pregnant . . . . .                        | N  | Y   |
| j. Other . . . . .  | N  | Y   |
- Please tell us:

\_\_\_\_\_

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If you did not go for prenatal care, go to Question 23.

**20. How was your prenatal care paid for?**

Check all that apply

- ☐ Medicaid/FAMIS
- ☐ Personal income (cash, check, or credit card)
- ☐ Health insurance or HMO (including insurance from your work or your husband's work)
- ☐ TRICARE
- ☐ Other —————> Please tell us:

**21. During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about any of the things listed below?** Please count only discussions, not reading materials or videos. For each item, circle **Y** (Yes) if someone talked with you about it or circle **N** (No) if no one talked with you about it.

	No	Yes
a. How smoking during pregnancy could affect my baby . . . . .	N	Y
b. Breastfeeding my baby . . . . .	N	Y
c. How drinking alcohol during pregnancy could affect my baby . . . . .	N	Y
d. Using a seat belt during my pregnancy . . . . .	N	Y
e. Birth control methods to use after my pregnancy . . . . .	N	Y
f. Medicines that are safe to take during my pregnancy . . . . .	N	Y
g. How using illegal drugs could affect my baby . . . . .	N	Y
h. Doing tests to screen for birth defects or diseases that run in my family . . . . .	N	Y
i. What to do if my labor starts early . . . . .	N	Y
j. Getting tested for HIV (the virus that causes AIDS) . . . . .	N	Y
k. Physical abuse to women by their husbands or partners . . . . .	N	Y

**22. During any of your prenatal care visits, did a doctor, nurse, or other health care worker ask if you were smoking cigarettes?**

- ☐ No  
☐ Yes

**23. At any time during your most recent pregnancy or delivery, did you have a test for HIV (the virus that causes AIDS)?**

- ☐ No  
☐ Yes  
☐ I don't know

**Go to Question 25**

**24. Were you *offered* an HIV test during your most recent pregnancy or delivery?**

- ☐ No  
☐ Yes

**The next questions are about your most recent pregnancy and things that might have happened during your pregnancy.**

**25. During your most recent pregnancy, were you on WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children)?**

- ☐ No  
☐ Yes

**26. Did you have any of these problems during your most recent pregnancy?** For each item, circle **Y** (Yes) if you had the problem or circle **N** (No) if you did not.

	No	Yes
a. High blood sugar (diabetes) that started <i>before</i> this pregnancy . . . . .	N	Y
b. High blood sugar (diabetes) that started <i>during</i> this pregnancy . . . . .	N	Y
c. Vaginal bleeding . . . . .	N	Y
d. Kidney or bladder (urinary tract) infection . . . . .	N	Y
e. Severe nausea, vomiting, or dehydration . . . . .	N	Y
f. Cervix had to be sewn shut (incompetent cervix) . . . . .	N	Y
g. High blood pressure, hypertension (including pregnancy-induced hypertension [PIH]), preeclampsia, or toxemia . . . . .	N	Y
h. Problems with the placenta (such as abruptio placentae or placenta previa) . . . . .	N	Y
i. Labor pains more than 3 weeks before my baby was due (preterm or early labor) . . . . .	N	Y
j. Water broke more than 3 weeks before my baby was due (premature rupture of membranes [PROM]) . . . . .	N	Y
k. I had to have a blood transfusion . . . . .	N	Y
l. I was hurt in a car accident . . . . .	N	Y

**If you did not have any of these problems, go to Page 6, Question 28.**

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**27. Did you do any of the following things because of these problems?** For each item, circle **Y** (Yes) if you did that thing or circle **N** (No) if you did not.

	No	Yes
a. I went to the hospital or emergency room and stayed less than 1 day . . . . .	N	Y
b. I went to the hospital and stayed 1 to 7 days . . . . .	N	Y
c. I went to the hospital and stayed more than 7 days . . . . .	N	Y
d. I stayed in bed at home more than 2 days because of my doctor's or nurse's advice . . . . .	N	Y

**The next questions are about smoking cigarettes and drinking alcohol.**

**28. Have you smoked at least 100 cigarettes in the past 2 years?** (A pack has 20 cigarettes.)

- ☐ No → Go to Question 32  
☐ Yes

**29. In the 3 months before you got pregnant, how many cigarettes did you smoke on an average day?** (A pack has 20 cigarettes.)

- ☐ 41 cigarettes or more  
☐ 21 to 40 cigarettes  
☐ 11 to 20 cigarettes  
☐ 6 to 10 cigarettes  
☐ 1 to 5 cigarettes  
☐ Less than 1 cigarette  
☐ None (0 cigarettes)

**30. In the last 3 months of your pregnancy, how many cigarettes did you smoke on an average day?** (A pack has 20 cigarettes.)

- ☐ 41 cigarettes or more  
☐ 21 to 40 cigarettes  
☐ 11 to 20 cigarettes  
☐ 6 to 10 cigarettes  
☐ 1 to 5 cigarettes  
☐ Less than 1 cigarette  
☐ None (0 cigarettes)

**31. How many cigarettes do you smoke on an average day now?** (A pack has 20 cigarettes.)

- ☐ 41 cigarettes or more  
☐ 21 to 40 cigarettes  
☐ 11 to 20 cigarettes  
☐ 6 to 10 cigarettes  
☐ 1 to 5 cigarettes  
☐ Less than 1 cigarette  
☐ None (0 cigarettes)

**32. Have you had any alcoholic drinks in the past 2 years?** (A drink is 1 glass of wine, wine cooler, can or bottle of beer, shot of liquor, or mixed drink.)

- ☐ No → Go to Question 35  
☐ Yes

**33a. During the 3 months before you got pregnant, how many alcoholic drinks did you have in an average week?**

- ☐ 14 drinks or more a week  
☐ 7 to 13 drinks a week  
☐ 4 to 6 drinks a week  
☐ 1 to 3 drinks a week  
☐ Less than 1 drink a week  
☐ I didn't drink then

**33b. During the 3 months before you got pregnant, how many times did you drink 5 alcoholic drinks or more in one sitting?**

- ☐ 6 or more times  
☐ 4 to 5 times  
☐ 2 to 3 times  
☐ 1 time  
☐ I didn't have 5 drinks or more in 1 sitting  
☐ I didn't drink then

**34a. During the last 3 months of your pregnancy, how many alcoholic drinks did you have in an average week?**

- ☐ 14 drinks or more a week  
☐ 7 to 13 drinks a week  
☐ 4 to 6 drinks a week  
☐ 1 to 3 drinks a week  
☐ Less than 1 drink a week  
☐ I didn't drink then

**34b. During the last 3 months of your pregnancy, how many times did you drink 5 alcoholic drinks or more in one sitting?**

- ☐ 6 or more times  
☐ 4 to 5 times  
☐ 2 to 3 times  
☐ 1 time  
☐ I didn't have 5 drinks or more in 1 sitting  
☐ I didn't drink then

**Pregnancy can be a difficult time for some women. The next question is about things that may have happened before and during your most recent pregnancy.**

**35. This question is about things that may have happened during the 12 months before your new baby was born.** For each item, circle **Y** (Yes) if it happened to you or circle **N** (No) if it did not. (It may help to use the calendar.)

	No	Yes
a. A close family member was very sick and had to go into the hospital . . . . .	N	Y
b. I got separated or divorced from my husband or partner . . . . .	N	Y
c. I moved to a new address . . . . .	N	Y
d. I was homeless . . . . .	N	Y
e. My husband or partner lost his job . . .	N	Y
f. I lost my job even though I wanted to go on working . . . . .	N	Y
g. I argued with my husband or partner more than usual . . . . .	N	Y
h. My husband or partner said he didn't want me to be pregnant . . . . .	N	Y
i. I had a lot of bills I couldn't pay . . . . .	N	Y
j. I was in a physical fight . . . . .	N	Y
k. I or my husband or partner went to jail . . . . .	N	Y
l. Someone very close to me had a bad problem with drinking or drugs . . . . .	N	Y
m. Someone very close to me died . . . . .	N	Y

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The next questions are about the time during the *12 months before* you got pregnant with your new baby.

**36a.** During the *12 months before* you got pregnant, did an ex-husband or ex-partner push, hit, slap, kick, choke, or physically hurt you in any other way?

- ☐ No  
☐ Yes

**36b.** During the *12 months before* you got pregnant, were you physically hurt in any way by your husband or partner?

- ☐ No  
☐ Yes

**36c.** During the *12 months before* you got pregnant, did anyone else physically hurt you in any way?

- ☐ No  
☐ Yes

The next questions are about the time during your most recent pregnancy.

**37a.** During your most recent pregnancy, did an ex-husband or ex-partner push, hit, slap, kick, choke, or physically hurt you in any other way?

- ☐ No  
☐ Yes

**37b.** During your most recent pregnancy, were you physically hurt in any way by your husband or partner?

- ☐ No  
☐ Yes

**37c.** During your most recent pregnancy, did anyone else physically hurt you in any way?

- ☐ No  
☐ Yes

The next questions are about your labor and delivery. (It may help to look at the calendar when you answer these questions.)

**38.** When was your baby due?

Month Day Year

**39.** When did you go into the hospital to have your baby?

Month Day Year

☐ I didn't have my baby in a hospital



**40. When was your baby born?**

Month Day Year

**41. When were you discharged from the hospital after your baby was born?** (It may help to use the calendar.)

Month Day Year

☐ I didn't have my baby in a hospital

**42. How was your delivery paid for?****Check all that apply**

- ☐ Medicaid/FAMIS  
☐ Personal income (cash, check, or credit card)  
☐ Health insurance or HMO (including insurance from your work or your husband's work)  
☐ TRICARE  
☐ Other  Please tell us:

The next questions are about the time since your new baby was born.

**43. After your baby was born, was he or she put in an intensive care unit?**

- ☐ No  
☐ Yes  
☐ I don't know

**44. After your baby was born, how long did he or she stay in the hospital?**

- ☐ Less than 24 hours (less than 1 day)  
☐ 24 to 48 hours (1 to 2 days)  
☐ 3 days  
☐ 4 days  
☐ 5 days  
☐ 6 days or more  
☐ My baby was not born in a hospital  
☐ My baby is still in the hospital

**Go to Page 10,  
Question 47**

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**45. Is your baby alive now?**

- ☐ No —————> **Go to Page 12, Question 59**
- ☐ Yes

**46. Is your baby living with you now?**

- ☐ No —————> **Go to Page 12, Question 59**
- ☐ Yes

**47. Did you ever breastfeed or pump breast milk to feed your new baby after delivery?**

- ☐ No
- ☐ Yes —————> **Go to Question 49**

**48. What were your reasons for not breastfeeding your new baby?****Check all that apply**

- ☐ My baby was sick and could not breastfeed
- ☐ I was sick or on medicine
- ☐ I had other children to take care of
- ☐ I had too many household duties
- ☐ I didn't like breastfeeding
- ☐ I didn't want to be tied down
- ☐ I was embarrassed to breastfeed
- ☐ I went back to work or school
- ☐ I wanted my body back to myself
- ☐ Other —————> Please tell us:

**If you did not breastfeed your new baby, go to Question 53.**

**49. Are you still breastfeeding or feeding pumped milk to your new baby?**

- ☐ No
- ☐ Yes —————> **Go to Question 52**

**50. How many weeks or months did you breastfeed or pump milk to feed your baby?**

\_\_\_\_\_ Weeks **OR** \_\_\_\_\_ Months

- ☐ Less than 1 week

**51. What were your reasons for stopping breastfeeding?****Check all that apply**

- ☐ My baby had difficulty nursing
- ☐ Breast milk alone did not satisfy my baby
- ☐ I thought my baby was not gaining enough weight
- ☐ My baby got sick and could not breastfeed
- ☐ My nipples were sore, cracked, or bleeding
- ☐ I thought I was not producing enough milk
- ☐ I had too many other household duties
- ☐ I felt it was the right time to stop breastfeeding
- ☐ I got sick and could not breastfeed
- ☐ I went back to work or school
- ☐ I wanted or needed someone else to feed the baby
- ☐ My baby was jaundiced (yellowing of the skin or whites of the eyes)
- ☐ Other —————> Please tell us:

**52. How old was your baby the first time you fed him or her anything besides breast milk?** Include formula, baby food, juice, cow's milk, water, sugar water, or anything else you fed your baby.

Weeks **OR**  Months

- ☐ My baby was less than 1 week old  
☐ I have not fed my baby anything besides breast milk

**If your baby is still in the hospital, go to Page 12, Question 59.**

**53. About how many hours a day, on average, is your new baby in the same room with someone who is smoking?**

Hours

- ☐ Less than 1 hour a day  
☐ My baby is never in the same room with someone who is smoking

**54. How do you *most often* lay your baby down to sleep now?**

**Check one answer**

- ☐ On his or her side  
☐ On his or her back  
☐ On his or her stomach

**55. How often does your new baby sleep in the same bed with you or anyone else?**

- ☐ Always  
☐ Often  
☐ Sometimes  
☐ Rarely  
☐ Never

**56. Was your new baby seen by a doctor, nurse, or other health care worker during the first week after he or she left the hospital?**

- ☐ No  
☐ Yes

**57. Has your new baby had a well-baby checkup?** (A well-baby checkup is a regular health visit for your baby usually at 2, 4, or 6 months of age.)

- ☐ No → **Go to Page 12, Question 59**  
☐ Yes

**58. Where do you usually take your new baby for well-baby checkups?**

**Check one answer**

- ☐ Hospital clinic  
☐ Health department clinic  
☐ Private doctor's office or HMO clinic  
☐ Community Health Clinic  
☐ Free Clinic  
☐ Other → Please tell us:

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**59. Are you or your husband or partner doing anything *now* to keep from getting pregnant?** (Some things people do to keep from getting pregnant include not having sex at certain times [rhythm] or withdrawal, and using birth control methods such as the pill, condoms, cervical ring, IUD, having their tubes tied, or their partner having a vasectomy.)

- ☐ No  
☐ Yes

→ **Go to Question 61**

**60. What are your or your husband's or partner's reasons for not doing anything to keep from getting pregnant *now*?**

**Check all that apply**

- ☐ I am not having sex  
☐ I want to get pregnant  
☐ I don't want to use birth control  
☐ My husband or partner doesn't want to use anything  
☐ I don't think I can get pregnant (sterile)  
☐ I can't pay for birth control  
☐ I am pregnant now  
☐ Other → Please tell us:

---

**61. After your new baby was born, did a doctor, nurse, or other health care worker talk with you about using birth control?**

- ☐ No  
☐ Yes

**62. Since your new baby was born, have you had a postpartum checkup for yourself?** (A postpartum checkup is the regular checkup a woman has after she gives birth.)

- ☐ No  
☐ Yes

→ **Go to Question 64**

**63. At that visit, did a doctor, nurse, or other health care worker discuss family planning or birth control with you?**

- ☐ No  
☐ Yes

**The next few questions are about the 12 months before your new baby was born.**

**64. During the 12 months before your new baby was born, what were the sources of your household's income?**

**Check all that apply**

- ☐ Paycheck or money from a job  
☐ Money from family or friends  
☐ Money from a business, fees, dividends, or rental income  
☐ Aid such as Temporary Assistance for Needy Families (TANF), welfare, WIC, public assistance, general assistance, food stamps, or Supplemental Security Income  
☐ Unemployment benefits  
☐ Child support or alimony  
☐ Social security, workers' compensation, disability, veteran benefits, or pensions  
☐ Other → Please tell us:

---

**65. During the 12 months before your new baby was born, what was your total household income before taxes?** Include your income, your husband's or partner's income, and any other income you may have used. (All information will be kept private and will not affect any services you are now getting.)

Check one answer

- ☐ Less than \$10,000  
☐ \$10,000 to \$14,999  
☐ \$15,000 to \$19,999  
☐ \$20,000 to \$24,999  
☐ \$25,000 to \$34,999  
☐ \$35,000 to \$49,999  
☐ \$50,000 or more

**66. During the 12 months before your new baby was born, how many people, including yourself, depended on this income?**

\_\_\_\_\_ People

The next few questions are on a variety of topics.

If you did not smoke during the 3 months before you got pregnant, go to Question 68.

If you did not go for prenatal care, go to Question 68.

**67. During any of your prenatal care visits, did a doctor, nurse, or other health care worker advise you to stop smoking?**

- ☐ No  
☐ Yes  
☐ I had quit smoking before my first prenatal care visit

**68. During your most recent pregnancy, about how many hours a day, on average, were you in the same room with another person who was smoking?**

\_\_\_\_\_ Hours

- ☐ Less than 1 hour a day  
☐ I was never in the same room with someone who is smoking

**69. At any time during your most recent pregnancy or after delivery, did a doctor, nurse, or other health care worker talk with you about "baby blues" or postpartum depression?**

- ☐ No  
☐ Yes

**70. During your most recent pregnancy, did you get any of these services?** For each one, circle Y (Yes) if you got the service or circle N (No) if you did not get it.

	No	Yes
a. Childbirth classes . . . . .	N	Y
b. Parenting classes . . . . .	N	Y
c. Classes on how to stop smoking . . . . .	N	Y
d. Visits to your home by a nurse or other health care worker . . . . .	N	Y
e. Food stamps . . . . .	N	Y
f. TANF (welfare). . . . .	N	Y

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**71. During your most recent pregnancy, would you have had the kinds of help listed below if you needed them?** For each one, circle **Y** (Yes) if you would have had it or circle **N** (No) if not.

- |  | No | Yes |
|--|----|-----|
| a. Someone to loan me \$50. . . . .  | N  | Y   |
| b. Someone to help me if I were sick and needed to be in bed. . . . .          | N  | Y   |
| c. Someone to take me to the clinic or doctor's office if I needed a ride. . . | N  | Y   |
| d. Someone to talk with about my problems . . . . .                            | N  | Y   |

**If your baby is not alive or is not living with you, go to Question 73a.**

**72. Listed below are some statements about safety.** For each one, circle **Y** (Yes) if it applies to you or circle **N** (No) if it does not.

- |   | No | Yes |
|---|----|-----|
| a. My infant was brought home from the hospital in an infant car seat . . . .   | N  | Y   |
| b. My baby always or almost always rides in an infant car seat . . . . .        | N  | Y   |
| c. My home has a working smoke alarm . . . . .                                  | N  | Y   |
| d. There are <b>loaded</b> guns, rifles, or other firearms in my home . . . . . | N  | Y   |

**73a. Since your new baby was born, how often have you felt down, depressed, or hopeless?**

- ☐ Always  
☐ Often  
☐ Sometimes  
☐ Rarely  
☐ Never

**73b. Since your new baby was born, how often have you had little interest or little pleasure in doing things?**

- ☐ Always  
☐ Often  
☐ Sometimes  
☐ Rarely  
☐ Never

**74. This question is about the care of your teeth during your most recent pregnancy.** For each item, circle **Y** (Yes) if it is true or circle **N** (No) if it is not true.

- |   | No | Yes |
|---|----|-----|
| a. I needed to see a dentist for a problem . . . . .  | N  | Y   |
| b. I went to a dentist or dental clinic. . . .  | N  | Y   |
| c. A dental or other health care worker talked with me about how to care for my teeth and gums. . . . . | N  | Y   |

**75. During the last 3 months of your most recent pregnancy, how often did you wear a seat belt when you drove or rode in a car?**

- ☐ Always  
☐ Often  
☐ Sometimes  
☐ Rarely  
☐ Never

**76. What is today's date?**

Month      Day      Year

**Please use this space for any additional comments you would like to make  
about the health of mothers and babies in Virginia.**

***Thanks for answering our questions!***

***Your answers will help us work to make Virginia  
mothers and babies healthier.***

December 7, 2006